



PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

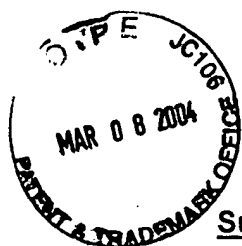
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/773,792	
	Filing Date	February 6, 2004	
	First Named Inventor	Thomas W. DUBENSKY, Jr.	
	Art Unit	Not Yet Assigned	
	Examiner Name	Not Yet Assigned	
Total Number of Pages in This Submission	4	Attorney Docket Number	282172002900

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	1. Supplemental Application Data Sheet (3 pages)
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	2. Return postcard
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	MORRISON & FOERSTER LLP (Customer No. 25226) Alicia J. Hager - 44,140
Signature	
Date	March 3, 2004

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.	
Dated: March 3, 2004	Signature: (Hazel M. Raskowitz)



Supplemental Application Data Sheet

Application Information

Application number::	<u>10/773,792</u>
Filing Date::	<u>02/06/04</u>
Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	Not Yet Assigned
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	LISTERIA ATTENUATED FOR ENTRY INTO NON-PHAGOCYtic CELLS, VACCINES COMPRISING THE LISTERIA, AND METHODS OF USE THEREOF
Attorney Docket Number::	282172002900
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	26
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Thomas
Middle Name::	W.
Family Name::	DUBENSKY
Name Suffix::	Jr.
City of Residence::	Piedmont

State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 15 King Avenue
City of mailing address:: Piedmont
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94511

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Meredith
Middle Name:: Lai Ling
Family Name:: LEONG
City of Residence:: Berkeley
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 1709 Shattuck Ave., #201
City of mailing address:: Berkeley
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94709

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Germany
Status:: Full Capacity
Given Name:: Dirk
Middle Name:: G.
Family Name:: BROCKSTEDT
City of Residence:: Oakland
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 864 York Street, Apt. 2
City of mailing address:: Oakland

State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94610

Correspondence Information

Correspondence Customer Number:: 25226

Representative Information

Representative Customer Number:: 25226

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Provisional	60/446,051	02/06/03
This Application	Provisional	60/449,153	02/21/03
This Application	Provisional	60/490,089	07/24/03
This Application	Provisional	60/511,719	10/15/03
This Application	Provisional	60/511,919	10/15/03
This Application	Provisional	60/511,869	10/15/03
This Application	Provisional	LISTERIA ATTENUATED FOR ENTRY INTO NON- PHAGOCYTIC CELLS; VACCINES COMPRISING THE LISTERIA, AND METHODS OF USE THEREOF <u>60/541,515</u>	02/02/04